



# Claimant Portal Overview

## Quick Reference Guide

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### Navigating to Claimant Portal from ECOMP

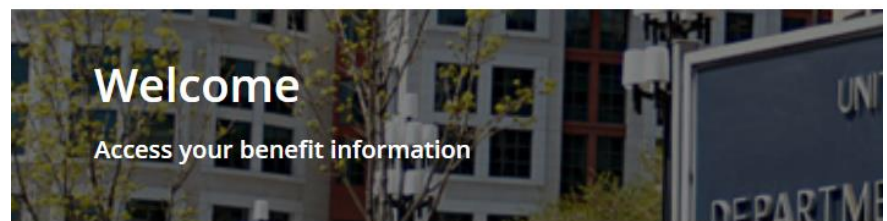
1. From the OWCP Medical Bill Processing Portal (<https://owcpmed.dol.gov/>), hover the mouse over the **Login** menu drop-down.
2. Select the **Claimant** option. Another page will load allowing you to select your program (FECA, DEEOIC, or DCMWC).



3. Select your program on this page to proceed. You will be directed to **ECOMP**.



UNITED STATES DEPARTMENT OF LABOR



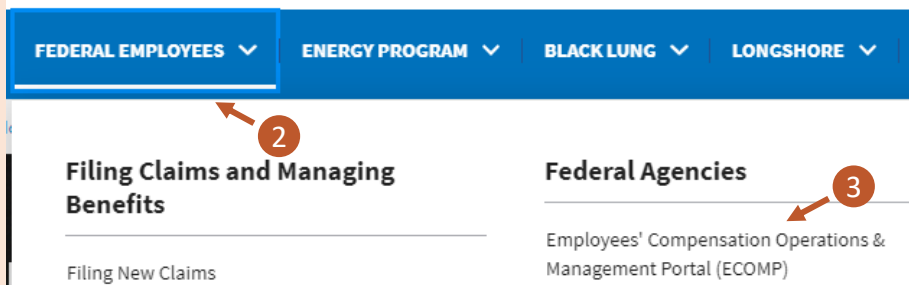
The site provides functionality for the following Department of Labor Office of Workers' Compensation

#### NOTE FOR FECA PROGRAM ONLY:

FECA Claimants may also access ECOMP by following these steps:

1. Follow this link:  
<https://www.dol.gov/agencies/owcp>.
2. Select the **FEDERAL EMPLOYEES** menu drop-down.
3. Select the **Employees' Compensation Operations & Management Portal (ECOMP)** option.

#### Office of Workers' Compensation Programs





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4. Sign in on this page using **Email or Username** and your **Password**.
5. Select the **SIGN IN** button.

**Note:** If you do not have an account, you will need to register using the **Register** hyperlink.

After signing in, the ECOMP dashboard will display. The dashboard will look different based on the user role. The following is a list of the user roles:

- Injured Worker:
    - Claimant – Identity verified
    - Claimant – Identity unverified
  - Agency Maintenance User
  - Agency Reviewer – Filing Forms
  - Agency Reviewer – Communicating with OWCP
  - Agency Reviewer – Case management
6. The **Help** link on this page will provide tutorials and videos for the various user roles to help explain what actions can be performed by the user.

The screenshot shows the ECOMP portal homepage. At the top, there is a navigation bar with links for HOME, FORMS, DOCUMENTS, and HELP. A red circle with the number 6 points to the HELP link. Below the navigation bar is a large banner with the text "Welcome to ECOMP" and "The Employees' Compensation Operations & Management Portal". To the left of the banner, there is a section titled "Have you been hurt on the job?" with instructions on how to file a claim. To the right of the banner, there is a section titled "Need to file a form?" with instructions on how to register or sign in. Below this section, there is a "Sign In" form with fields for "Email or Username" and "Password". A red box highlights the "Sign In" button, with a red circle and the number 4 pointing to it. Below the "Sign In" button, there is a "Forgot password?" link. Below the "Forgot password?" link, there is a "Need an account? Register" link. A red circle with the number 5 points to the "Register" link. Below the "Register" link, there is a "Track status of form or document" section with a "TRACK STATUS" button. A red circle with the number 6 points to the "TRACK STATUS" button.

7. From the ECOMP dashboard, select the **Case Number**. You will be taken to the selected case's **Case Review** page

Cases (14)	Draft Forms (0)	Action Required (0)
ECN/Case Number	Date of Injury	Age
Case Number 132390178	12/01/2018	0000
ECN 118861	12/12/2018	0000
ECN 118833	12/12/2018	0000
ECN 118832	12/13/2018	0000
ECN 119396	01/09/2019	0000
Case Number 254001567	03/01/2019	0000
ECN 119217	03/04/2019	0000
ECN 119216	03/04/2019	0000



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- At the top of the Case Review page is the high-level case information, which includes information about the case, claimant, and status. There is also a hyperlink in this section titled **Bill Pay Inquiry** that will navigate you to the Claimant Portal.
- Select the **Bill Pay Inquiry** hyperlink. You will be taken to the **Claimant Bill Inquiry List** page within the Claimant Portal.

CASE 550038643 [Exit Case](#)

Agency: 1116-FB - DEPARTMENT OF LABOR, DIVISION OF FEDERAL EMPLOYEES' COMPENSATION (DFEC) - DFEC-DALLAS  
Adjudication Status: AM - 02/26/2021 - Accepted - Medical Payments Only  
Current Case Status: MC - 02/26/2021 - Medical Benefits Only  
Conditions Accepted: ICD10 - G5601 - Carpal tunnel syndrome, right upper limb ...

Name:   
Master:   
SSN:

[Pharmacy Benefits](#)  
[Bill Pay Inquiry](#)  
[Find a Pharmacy](#)  
[View More +](#)

[Exit Case](#)

DE [Pharmacy Benefits](#)  
[Bill Pay Inquiry](#)  
[Find a Pharmacy](#)  
[View More +](#)

- From the **Claimant Bill Inquiry List** page in the Claimant Portal, you can view the listed bill's details. To view the bills, select the **TCN** hyperlink.

eCAMS HCL

CLIENTPORTAL PORTAL Profile: Client Portal External Links Help

Claimant Bill Inquiry List

Case Number:  Date of Birth:

Filter By:  And  And  Bill Status: All

<input type="checkbox"/>	TCN	From Date	To Date	Bill Status	Bill Charged Amount	Bill Payment Amount	Provider Name	Provider ID
<input type="checkbox"/>	01235681441306876	11/05/2012	11/05/2012	Paid	\$269.50	\$83.50		
<input type="checkbox"/>	01236181295300443	10/01/2012	10/01/2012	Paid	\$463.00	\$251.40		
<input type="checkbox"/>	01300782433301922	12/30/2012	12/30/2012	Paid	\$22,755.47	\$22,674.42		
<input type="checkbox"/>	01301081589301336	12/05/2012	12/05/2012	Denied	\$583.00	\$0.00		
<input type="checkbox"/>	01301481416305248	01/10/2013	01/10/2013	Paid	\$519.51	\$220.08		
<input type="checkbox"/>	01301482451301868	10/02/2012	10/31/2012	Paid	\$24,079.07	\$1,178.02		
<input type="checkbox"/>	01301881414306195	01/11/2013	01/11/2013	Paid	\$86.31	\$36.79		
<input type="checkbox"/>	01302481528305180	12/03/2012	12/03/2012	Paid	\$349.00	\$108.78		
<input type="checkbox"/>	01303982515301941	01/02/2013	01/30/2013	Paid	\$23,639.26	\$23,574.42		
<input type="checkbox"/>	01304282422302614	10/02/2012	10/31/2012	Paid	\$24,079.07	\$22,820.00		



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### Navigating to Claimant Portal from ECOMP

11. If the Bill was denied, you can view the EOB/CA Reject Reason by selecting the **Denied** hyperlink at the top right of the Bill Details section or in the Service Line Details section under the **Line Status** column.

12. To return to the Bill Details page, select the **Cancel** button in the Bill Status window.

13. To return to the **Claimant Bill Inquiry List** page, select the **Close** button on the Bill Details page.

**Bill Details**

TCN: [redacted] Program: [redacted] Bill Status: **Denied**  
From DOS - To DOS: [redacted] Billed Amount: [redacted] Paid Amount: \$0.00  
Received Date: [redacted] Adjudication Date: [redacted] Check/EFT Trace Date: [redacted]  
Check/EFT Trace Number: [redacted] RV Number: [redacted] Authorization Number: [redacted]  
Patient Control Number: [redacted]

Billing Provider Name: [redacted] OWCP ID: [redacted] Tax ID: [redacted]  
Claimant Name: [redacted] Claimant ID: [redacted] SSN: [redacted]  
Diagnosis Codes: P: 99659

**Service Line Details**

Line #	Procedure Code	Modifiers	Facility Type	From DOS	To DOS	Billed Units	Paid Units	Billed Amount	Paid Amount	Auth #	Line Status
1	99283		23	12/05/2012	12/05/2012	1	1	\$583.00	\$0.00		<b>Denied</b>

**Bill Status**

Location	EOB/CA Reject Reason Code	EOB/CA Reject Reason Description
Line# 1	70863	BILL DIAGNOSIS NOT RELATED TO THE ACCEPTED CONDITIONS.

View Page: 1 [Go] [Page Count] [SaveToCSV] Viewing Page: 1  
[First] [Prev] [Next] [Last]

**Cancel**

14. To navigate to the home page of the Claimant Portal, from the **Claimant Bill Inquiry List** page, select the **Home** icon.

**Claimant Bill Inquiry List**

Filter By: [dropdown] [dropdown] And [dropdown] [dropdown]  
[dropdown] [dropdown] Bill Status: All [Go] [Clear Filter]

	TCN	From Date	To Date	Bill Status	Bill Charged Amount	Bill Payment Amount	Pr
<input type="checkbox"/>	01235681441306876	11/05/2012	11/05/2012	Paid	\$269.50	\$83.50	
<input type="checkbox"/>	01236181295300443	10/01/2012	10/01/2012	Paid	\$463.00	\$251.40	
<input type="checkbox"/>	01300782433301922	12/03/2012	12/30/2012	Paid	\$22,755.47	\$22,674.42	

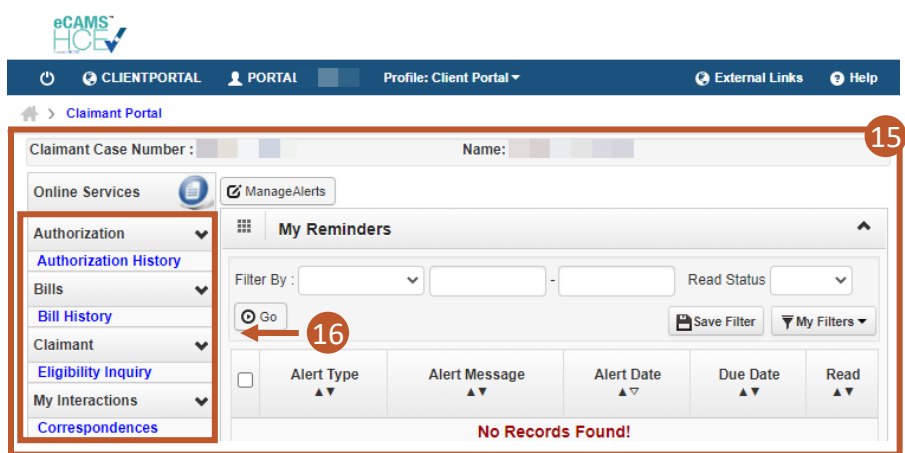


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### Navigating to Claimant Portal from ECOMP

15. This is the home page of the Claimant Portal.
16. From this page you can perform additional functions including viewing Authorization History, Bill History (this is the page you are brought to from ECOMP), check Eligibility and view Accepted Conditions and view Correspondences



The remainder of this quick reference guide will outline the functions that can be performed from the links on the left side of the Claimant Portal home page.

### Viewing Authorization History

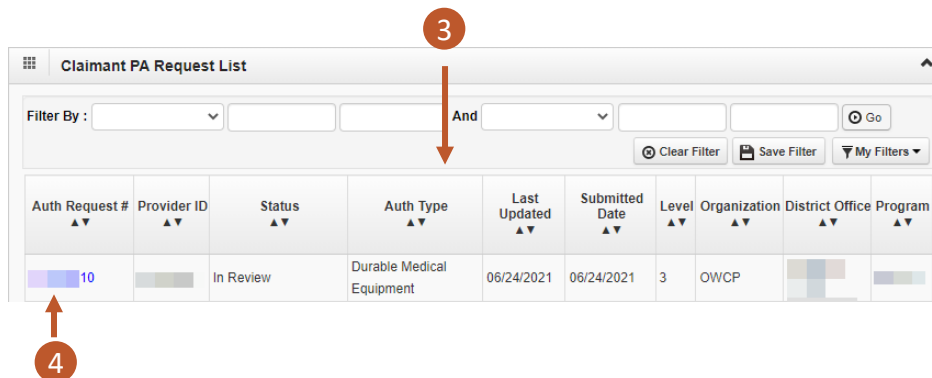
1. On the Claimant Portal Homepage, locate the Online Services menu listed on the left.
2. Under Authorization section, select **Authorization History**.



3. The Claimant PA Request List will be displayed with all authorizations requested for the claimant. The following information will be displayed:

- Auth Request Number
- Provider ID
- Auth Status
- Auth Type
- Last Updated
- Submitted Date
- Level
- Organization
- District Office
- Program

4. Click on the **Auth Request Number** (#) of the desired Authorization to view further details.







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### Viewing Authorization History

5. **Authorization Utilization** will display. The **Service List** section will provide additional details of the request.

**Authorization Utilization**

Auth Request #: 977  
Claimant's Case ID: [redacted]  
Program: [redacted]  
Request Date: 11/29/2018  
OWCP Provider ID: 00  
Provider Name: [redacted]

Authorization Status: Approved  
Claimant Name: [redacted]  
Last Updated Date: 04/26/2020  
Requestor Name: [redacted]

**Service List**

Line #	Modified Date	Code Type	Code	Modifier	Level	From Date	To Date	Requested Units	Auth Units	Used Units	Requested Amount	Auth Amount	Used Amount	Status
1	04/23/2020	B	[redacted]		3	10/25/2018	04/23/2019	156	156	0				Approved

### Viewing Bill History

1. On the Claimant Portal Homepage, locate the Online Services menu listed on the left.
2. Under Bills section, select **Bill History**.
3. **Claimant Bill Inquiry List** will display based on search criteria. The following information will be displayed:
  - TCN
  - Date of Service
  - Bill Status
  - Bill Charged Amount
  - Bill Payment Amount
  - Provider name
  - Provider ID
4. Click on the **TCN** number of the desired bill.

**Online Services**

Authorization History

Bills

Bill History

Manage Alerts

My Reminders

Filter By:

**Claimant Bill Inquiry List**

Filter By: [dropdown] [dropdown] And [dropdown] [dropdown] And [dropdown] [dropdown]

Bill Status: All [dropdown] Go

Clear Filter Save Filter My Filters

	TCN	From Date	To Date	Bill Status	Bill Charged Amount	Bill Payment Amount	Provider Name	Provider ID
<input type="checkbox"/>	015C	02/26/2015	03/06/2015	Paid	\$519.05	\$519.05	[redacted]	[redacted]
<input type="checkbox"/>	0151	01/15/2015	01/15/2015	Paid	\$250.00	\$206.77	[redacted]	[redacted]

5. Details of the selected bill will display with the following information:
  - Bill Details
  - Billing Provider Information
  - Claimant Information
  - Diagnosis Codes
  - Service Line Details

**Bill Details**

TCN: 21C [redacted] Program: [redacted] Bill Status: Paid  
From DOS - To DOS: 11/18/2020 - 11/18/2020 Billed Amount: \$150.00 Paid Amount: \$93.27  
Received Date: 12/09/2020 Adjudication Date: 12/11/2020 Check/EFT Trace Date: 12/17/2020  
Check/EFT Trace Number: [redacted] RV Number: 1616352 Authorization Number: [redacted]  
Patient Control Number: [redacted]

Billing Provider Name: [redacted] OWCP ID: [redacted] Tax ID: [redacted]

Claimant Name: [redacted] Claimant ID: [redacted] SSN: [redacted]

Diagnosis Codes: P: C884 O1: Z923 O2: Z91040 O3: Z880 O4: J449  
OS: Z7951 O6: Z66 O7: Z87891

**Service Line Details**

Line #	Procedure Code	Modifiers	Facility Type	From DOS	To DOS	Billed Units	Paid Units	Billed Amount	Paid Amount	Auth #	Line Status
1	99213		11	11/18/2020	11/18/2020	1	1	\$150.00	\$93.27		Paid



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### Checking Eligibility for Non-Pharmacy Services

1. On the Claimant Portal Homepage, locate the Online Services menu listed on the left.
2. Under Claimant section, select **Eligibility Inquiry**.

**Note:** Energy claimants will have additional links visible, if eligible, to check their case status.

3. Select the inquiry type **Non-Pharmacy Services**

4. The Case ID and Program Code will automatically generate based on log in credentials. Enter **Diagnosis code(s)** in the respective field.
5. Enter **Procedure Code** or **Revenue Code** in the respective fields
6. Enter **Date of Service** in the respective field
7. Click **Submit**.

**Note:** If any submitted information is invalid, an error message will be displayed above the close/submit buttons.





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### Checking Eligibility for Non-Pharmacy Services

8. The Claimant Eligibility Inquiry Response page will display with the following:

- Case status for Date of Service
- Date / Time of request
- The Authorization level for the treatment or service

**Note:** If ineligible for the treatment / service, an error will be displayed.

Claimant Eligibility Inquiry Response

Case ID: [Redacted]

Procedure Code: FR001

Date of Service: 02/26/2015 Request Date/Time: [Redacted]

Case Status on 02/26/2015: A-EE Approved - Eligible for medical Treatment

Diagnosis Codes: V498

Death Indicator: N

Authorization Level: 3

### Viewing Eligibility for Accepted Condition Services

1. On the Claimant Portal Homepage, locate the Online Services menu listed on the left.

2. Under Claimant section, select **Eligibility Inquiry**.

**Note:** Energy claimants will have additional links visible, if eligible, to check their case status.

Online Services ← 1

Authorization

[Authorization History](#)

Bills

Bill History

Claimant

[Eligibility Inquiry](#) ← 2

My Interactions

Correspondences

Manage Alerts

My Reminders

Filter By :

Alert Type

3. Select the inquiry type **Accepted Conditions (DFEC, DEEOIC and DLHWC Only)**.

**Note:** This functionality is not available for DCMWC Claimants.

4. Case ID and Program Code will be displayed. Enter **Date of Service (optional)**.

5. Click **Submit**.

Close Submit ← 5

Claimant Eligibility Inquiry

Please select the inquiry type, complete the fields in the applicable section below, and click "Submit".

\* ☐ Non-Pharmacy Services ☒ Accepted Conditions (DFEC, DEEOIC and DLHWC Only)

Eligibility for Accepted Condition Services 3

Case ID: [Redacted] \*

Program Code: [Redacted] \*

Date of Service: [Redacted]

← 4



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### Viewing Eligibility for Accepted Condition Services

6. The **accepted condition(s)** the claimant is eligible for will be displayed with the following information:

- Diagnosis Code(s)
- ICD Indicator (ICD-9/ ICD-10 / Dual)
- Medical Offset Status (Active / Offset)
- Description
- Start Date & End Dates (Dates for when the diagnosis code is valid)

Accepted Condition ID	Diagnosis Code	ICD 9/10	Medical Offset	Description	Start Date	End Date	Created Date	Operational Status
1	20034	09	Active	MARGIN ZONE LYM AXILLA	12/29/2014	12/31/2999	04/09/2020	Active
2	496	09	Active	CHR AIRWAY OBSTRUCT NEC	04/14/2009	12/31/2999	04/09/2020	Active
10	V814	09	Active	SCREEN-RESPIR COND NEC	07/09/2007	12/31/2999	04/09/2020	Active

7. Click **Close** to return to the Claimant Portal Home Page



### Energy Claimants Viewing Part B or E Case Status

1. On the Claimant Portal Homepage, locate the Online Services menu listed on the left.
2. Under Claimant section, click on **Part B Case Status** or **Part E Case Status** (if eligible)

**Note:** Energy claimants can be either Employee or Survivor. Energy Employee and Survivor can check Part B and/or Part E Case status based on eligibility.



3. **Part B or E Case Status** will display with the following information:

- Case Information (Employee name and Case Number)
- Claimant Information
- Most Recent Claim Information
- District Office Information
- Worksites Part (B or E)
- Medical Part (B or E)
- Claimant Payment Activity Part (B or E)

Case Information: Employee Name: Case Number: XXX-XX-8616

Claimant Information: Claimant Name: Claimant Address: Claimant SSN: xxx-xx-0010 Claimant Phone: Relationship: SURVIVOR Authorized Representative:

Most Recent Claim Action: Last Activity: Date: 03/15/2007 Description 1: Description 2: Date: Date:

District Office Information: District Office: Claim Examiner: Phone Number: (877) 336-4272

Worksites Part B: Worksites: No Records Found!

Medical Part B: Condition: Status: No Records Found!

Claimant Payment Activity Part B: DOL Approval Date: Payment Amount: Payment Type:

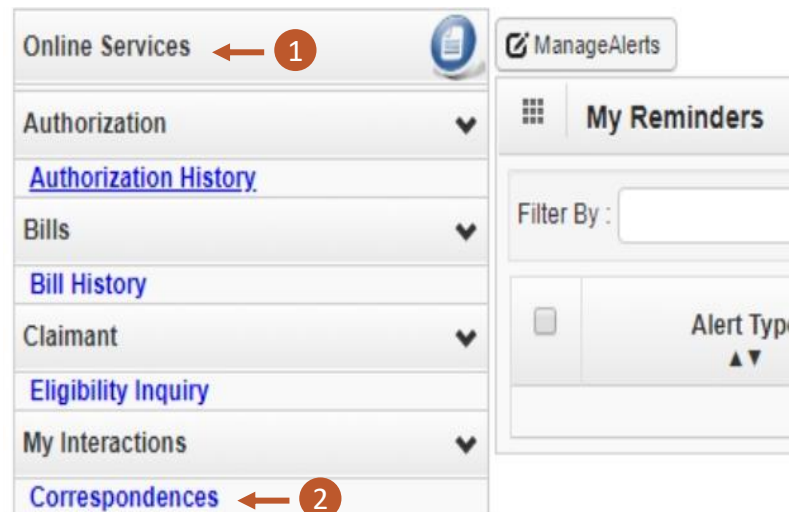


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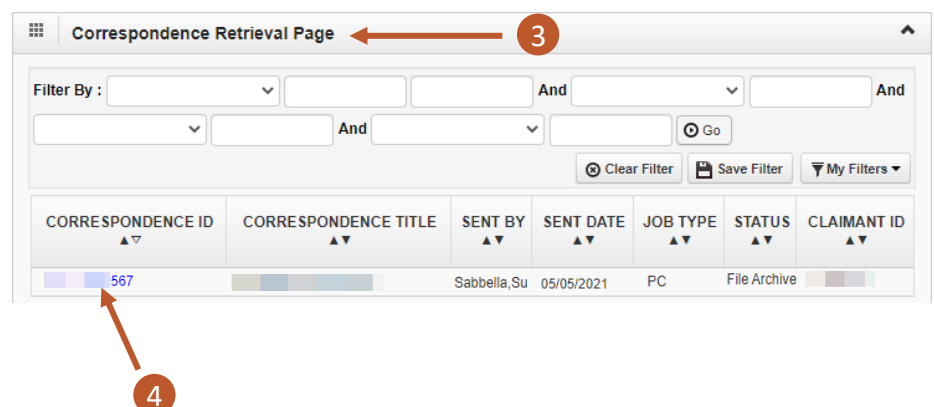
## Quick Reference Guide

### Viewing Correspondences

1. On the Claimant Portal Homepage, locate the Online Services menu listed on the left.
2. Under My Interactions section, select **Correspondences**.



3. The **Correspondences Retrieval Page** will display with a list of all documents sent to and by the claimant. The following information will be displayed for each document:
  - Correspondence ID
  - Correspondence Title
  - Sent By
  - Sent Date
  - Job Type
  - Status
  - Claimant ID
4. Click the hyperlink in the **CORRESPONDENCE ID** column of the desired document. The document will open in a separate window.





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### Viewing Correspondences

- To open images or attachments, scroll down to the **Images/Attachments Retrieval Page** section. The following information will be displayed for each image / attachment:
  - Image ID
  - Image Title
  - Created By
  - Created Date
  - Claimant ID
- Click on the hyperlink in the **IMAGE ID** column for the desired Image / Attachment to view in a separate window.

IMAGE ID	IMAGE TITLE	CREATED BY	CREATED DATE	RECEIVED DATE	Claimant Id
<a href="#">IMG327631319</a>	Remittance Vouchers	[Avatar]	04/22/2020	03/07/2019	[Avatar]
<a href="#">IMG320901164</a>	Remittance Vouchers	[Avatar]	04/21/2020	07/20/2017	[Avatar]

### Viewing Reminders

- On the home page, the right section will be titled **My Reminders**. This section consists of system generated alerts and an option to filter these alerts. The following will be displayed:
  - Alert Type
  - Alert Message
  - Alert Date
  - Due Date
  - Read Flag Indicator

Alert Type	Alert Message	Alert Date	Due Date	Read
[Icon]	[Message]	[Date]	[Date]	[Flag]

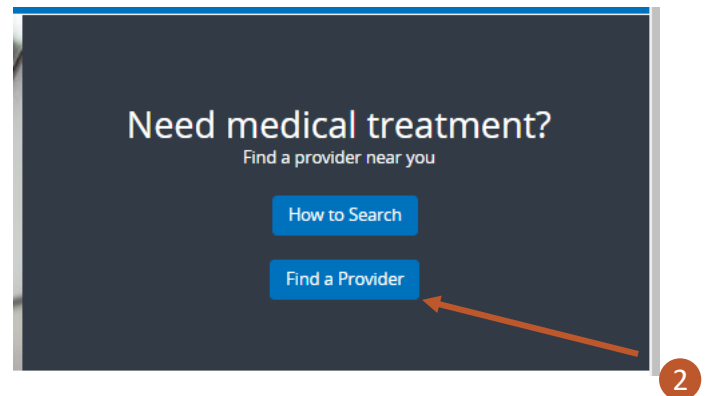


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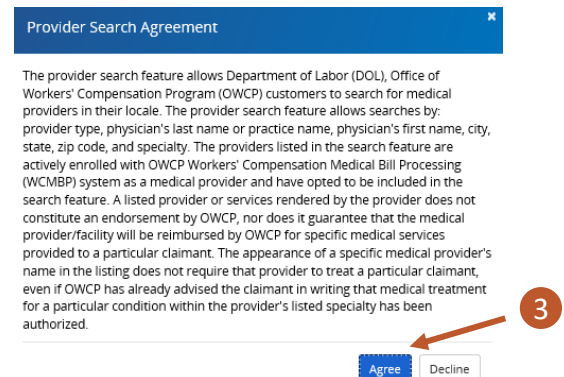
## Quick Reference Guide

### Searching for Provider

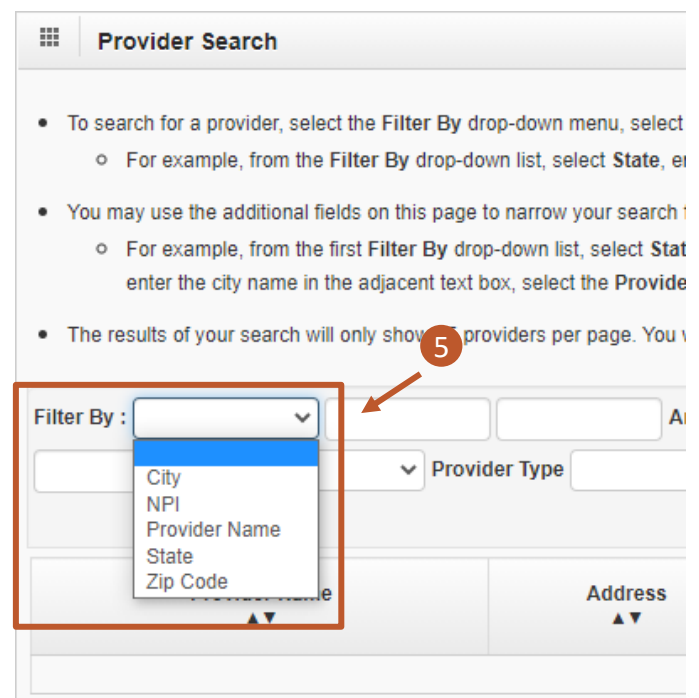
1. In preferred Internet browser, navigate to <https://owcpmed.dol.gov>
2. Under need medical treatment, click on **Find a Provider**.



3. Review the Provider Search Agreement and click **Agree**. The Provider Search page will appear.



5. On the Provider Search page, click on the drop-down arrow next to **Filter By** to select filter option. Filter options are:
  - City
  - NPI
  - Provider Name
  - State
  - Zip Code





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### Searching for Provider

- In the program dropdown list, select the **Program** (DCMWC/DEEOIC/DFEC/DLHWC).
- Choose **Provider Type** by clicking the drop-down arrow in the respective field (optional).
- Choose **Provider Specialty** by clicking the drop-down arrow in the respective field (optional).
- Click **Go**.

The screenshot shows the search filter interface. Callout 6 points to the 'Program' dropdown menu. Callout 7 points to the 'Provider Type' dropdown menu. Callout 8 points to the 'Provider Specialty' dropdown menu. Callout 9 points to the 'Go' button.

- A list of providers matching the search criteria will be provided along with the following information:
  - Provider Name
  - Address
  - NPI
  - Program
  - Phone Number
  - City, State, and/or Zip Code, if used in the Filter By fields

The screenshot shows the search results table. Callout 10 points to the table. The table has columns for Provider Name, Address, NPI, Program, Phone Number, and State. The first two rows of data are highlighted with a red border.

Provider Name ▲▼	Address ▲▼	NPI ▲▼	Program ▲▼	Phone Number ▲▼	State ▲▼
KAISER PERMANENTE	2101 E JEFFERSON ST, ROCKVILLE, Maryland 20852	1003006800	DFEC	(301) 816-2424	Maryland
OCCUPATIONAL HEALTH CNTRS OF SW PA	DBA CONCENTRAL MEDICAL CNTRS, PO BOX 18277, BALTIMORE, Maryland 21227	1003014838	DFEC	(888) 809-3214	Maryland